

## Subpart F—Availability of Information

### § 316.50 Guidance documents.

FDA's Office of Orphan Products Development will maintain and make publicly available a list of guidance documents that apply to the regulations in this part. The list is maintained on the Internet and is published annually in the FEDERAL REGISTER. A request for a copy of the list should be directed to the Office of Orphan Products Development, Food and Drug Administration, Bldg. 32, rm. 5271, 10903 New Hampshire Ave., Silver Spring, MD 20993.

[78 FR 35135, June 12, 2013]

### § 316.52 Availability for public disclosure of data and information in requests and applications.

(a) FDA will not publicly disclose the existence of a request for orphan-drug designation under section 526 of the act prior to final FDA action on the request unless the existence of the request has been previously publicly disclosed or acknowledged.

(b) Whether or not the existence of a pending request for designation has been publicly disclosed or acknowledged, no data or information in the request are available for public disclosure prior to final FDA action on the request.

(c) Upon final FDA action on a request for designation, FDA will determine the public availability of data and information in the request in accordance with part 20 and § 314.430 of this chapter and other applicable statutes and regulations.

(d) In accordance with § 316.28, FDA will make a cumulative list of all orphan drug designations available to the public and update such list monthly.

(e) FDA will not publicly disclose the existence of a pending marketing application for a designated orphan drug for the use for which the drug was designated unless the existence of the application has been previously publicly disclosed or acknowledged.

(f) FDA will determine the public availability of data and information contained in pending and approved marketing applications for a designated orphan drug for the use for which the drug was designated in accordance with part 20 and § 314.430 of this chapter and other applicable statutes and regulations.

## PART 317—QUALIFYING PATHOGENS

Sec.

317.1 [Reserved]

317.2 List of qualifying pathogens that have the potential to pose a serious threat to public health.

AUTHORITY: 21 U.S.C. 355f, 371.

SOURCE: 79 FR 32480, June 5, 2014, unless otherwise noted.

### § 317.1 [Reserved]

### § 317.2 List of qualifying pathogens that have the potential to pose a serious threat to public health.

The term “qualifying pathogen” in section 505E(f) of the Federal Food, Drug, and Cosmetic Act is defined to mean any of the following:

- (a) *Acinetobacter* species.
- (b) *Aspergillus* species.
- (c) *Burkholderia cepacia* complex.
- (d) *Campylobacter* species.
- (e) *Candida* species.
- (f) *Clostridium difficile*.
- (g) *Coccidioides* species.
- (h) *Cryptococcus* species.
- (i) Enterobacteriaceae.
- (j) *Enterococcus* species.
- (k) *Helicobacter pylori*.
- (l) *Mycobacterium tuberculosis* complex.
- (m) *Neisseria gonorrhoeae*.
- (n) *Neisseria meningitidis*.
- (o) Non-tuberculous mycobacteria species.
- (p) *Pseudomonas* species.
- (q) *Staphylococcus aureus*.
- (r) *Streptococcus agalactiae*.
- (s) *Streptococcus pneumoniae*.
- (t) *Streptococcus pyogenes*.
- (u) *Vibrio cholerae*.

## PART 320—BIOAVAILABILITY AND BIOEQUIVALENCE REQUIREMENTS

### Subpart A—General Provisions

Sec.

320.1 Definitions.

### Subpart B—Procedures for Determining the Bioavailability or Bioequivalence of Drug Products

- 320.21 Requirements for submission of bioavailability and bioequivalence data.
- 320.22 Criteria for waiver of evidence of in vivo bioavailability or bioequivalence.
- 320.23 Basis for measuring in vivo bioavailability or demonstrating bioequivalence.
- 320.24 Types of evidence to measure bioavailability or establish bioequivalence.
- 320.25 Guidelines for the conduct of an in vivo bioavailability study.
- 320.26 Guidelines on the design of a single-dose in vivo bioavailability or bioequivalence study.
- 320.27 Guidelines on the design of a multiple-dose in vivo bioavailability study.
- 320.28 Correlation of bioavailability with an acute pharmacological effect or clinical evidence.
- 320.29 Analytical methods for an in vivo bioavailability or bioequivalence study.
- 320.30 Inquiries regarding bioavailability and bioequivalence requirements and review of protocols by the Food and Drug Administration.
- 320.31 Applicability of requirements regarding an "Investigational New Drug Application."
- 320.32 Procedures for establishing or amending a bioequivalence requirement.
- 320.33 Criteria and evidence to assess actual or potential bioequivalence problems.
- 320.34 Requirements for batch testing and certification by the Food and Drug Administration.
- 320.35 Requirements for in vitro testing of each batch.
- 320.36 Requirements for maintenance of records of bioequivalence testing.
- 320.38 Retention of bioavailability samples.
- 320.63 Retention of bioequivalence samples.

AUTHORITY: 21 U.S.C. 321, 351, 352, 355, 371.

### Subpart A—General Provisions

#### § 320.1 Definitions.

(a) *Bioavailability* means the rate and extent to which the active ingredient or active moiety is absorbed from a drug product and becomes available at the site of action. For drug products that are not intended to be absorbed

into the bloodstream, bioavailability may be assessed by measurements intended to reflect the rate and extent to which the active ingredient or active moiety becomes available at the site of action.

(b) *Drug product* means a finished dosage form, e.g., tablet, capsule, or solution, that contains the active drug ingredient, generally, but not necessarily, in association with inactive ingredients.

(c) *Pharmaceutical equivalents* means drug products in identical dosage forms that contain identical amounts of the identical active drug ingredient, *i.e.*, the same salt or ester of the same therapeutic moiety, or, in the case of modified release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; do not necessarily contain the same inactive ingredients; and meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates.

(d) *Pharmaceutical alternatives* means drug products that contain the identical therapeutic moiety, or its precursor, but not necessarily in the same amount or dosage form or as the same salt or ester. Each such drug product individually meets either the identical or its own respective compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times and/or dissolution rates.

(e) *Bioequivalence* means the absence of a significant difference in the rate and extent to which the active ingredient or active moiety in pharmaceutical equivalents or pharmaceutical alternatives becomes available at the site of drug action when administered at the same molar dose under similar conditions in an appropriately designed study. Where there is an intentional difference in rate (e.g., in certain extended release dosage forms), certain